



AFFORDABLE HOUSING PROGRAM OWNER OCCUPIED ANNUAL CERTIFICATION

Please complete this form and return to:
City of Encinitas, Planning and Building Department
Attn: Housing Division
505 S. Vulcan, Ave
Encinitas, CA 92024

OWNER

Name(s): _____ Phone: _____

Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

I certify that the affordable unit listed above is my primary residence: Y ___ N ___

Please provide source documentation of your residency
(Utility Bill, HOA or Mortgage Statement, Insurance, or other verifiable documentation)

CERTIFICATION

OWNER CERTIFICATION

I/We have read the information submitted above, and certify that the information is accurate and complete to my/our knowledge. I/We acknowledge and understand that a material misstatement fraudulently made in this affidavit or in any other statement made by me/us in connection with the affordability restriction recorded against this property will constitute a federal violation punishable by fine and abatement of use of subject property, which will be in addition to any criminal penalty imposed by law.

Owner(s)

Name (Print)	Signature	Date
--------------	-----------	------

Name (Print)	Signature	Date
--------------	-----------	------